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CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					101	1
2					102	9
3					103	1
4					104	1
5					105	1
6					106	6
7					107	1
8					108	1
9					109	1
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50	1					
TOTAL IND.					3	
TOTAL DEP.					32	
TOTAL CLAIMS					35	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			3	1		
52						
53			1	1		
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97					1	
98					1	
99					1	
100					1	
TOTAL IND.					3	
TOTAL DEP.					32	
TOTAL CLAIMS					35	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
101		1					51			
2		0					52			
103)						53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9		1					59			
10		1					60			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	32						TOTAL DEP.			
TOTAL CLAIMS	35						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/961229
APPLICANT(S)

FILING DATE

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			3			
TOTAL DEP.			25			
TOTAL CLAIMS		20		1		

PTO-1300 (3-78)

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